



Change of Address Form

Beneficiary Name: _____

Account Number: _____

All address changes must be submitted to SCTPP in writing and signed by the Contributor.

Please indicate **NEW** address and phone number below:

Contributor Name _____

Address _____

City, State, Zip _____

Contributor Home Phone (____) _____ Work Phone (____) _____

Does this change apply to: ☐ Contributor ☐ Beneficiary ☐ Both

Please indicate any additional SCTPP account(s) that are affected by this change:

Account Number(s):

Beneficiary name(s):

Signature of Contributor

Date

Please return to:

South Carolina Tuition Prepayment Program
P.O. Drawer 11778
Columbia, SC 29211-1778

Or fax to:

SCTPP
Customer Service Dept.
1-800-519-4652

QUESTIONS? Call the customer service department toll-free at 1-888-7SC-GRAD, option 1.